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H. T. WEBSTER, M. D., EDITOR.

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ORIGINAL COMMUNICATIONS.

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Physicians in active practice are always in need of something to supply a new demand in the shape of remedies and appliances, and will, perhaps, find, by reading our advertising pages, a guide to just what they need. Some of these advertisements are being changed every month. Keep your eye on them.

COMPOUND TINCTURE OF SERPENTARIA.

BY JOHN FEARN, M. D., OAKLAND, CAL.

This compound has come down to us from the days of Dr. Beach. On page 566 Vol. III, of his *American Practice* he gives the formula for this compound which he calls "Sudorific Tincture, Sweating or Red Drops." It reads: \mathcal{R} Ipecac, saffron, camphor, Virginia snake-root, opium aa \mathfrak{z} ij, all pulverized; Holland gin 3 quarts; let it stand for two weeks, then filter. The originator of this formula has long since been laid low, but the formula still continues the same, with the exception that the menstruum is now most frequently dilute alcohol instead of gin.

This remedy is a very powerful "sudorific," and is used in cases where a copious perspiration is required, or where it is desired to lessen pain, allay nervous excitability, and keep up a determination to the skin. In very severe after-pains, dysmenorrhœa, amenorrhœa from exposure to cold, cramp in the stomach, hysteria, fevers and inflammatory diseases, it may be given in doses of from five to ten drops in hot sweetened water or tea, and repeated as needed.

Many of the younger men of the profession know very little or even nothing practical of this remedy; but the older men and

those who have seen the results of its use in active practice are not prepared to give it up for any of the much-vaunted new remedies. For the information of those who are not acquainted with the use of this preparation, I will give a few cases from recent experience, where this remedy has rendered very important service.

CASE I. Was called in consultation with a homeopathic physician. Patient was a man about 85 years of age. Disease, inflammation of right lung and pleura. Pain very severe over middle and lower lobe of left lung, breathing very short, skin dry, countenance anxious, sputa tough and raised with difficulty, both patient and doctor anticipating dissolution. The doctor had done well by the patient. The stomach was not disgusted with medicine, but was in good condition for so sick a man. Aconite and bryonia were the remedies I at once thought of. The doctor told me these remedies had been given. I remarked to the doctor that I knew of but one remedy that would give the patient a chance for life, and I mentioned the compound tincture serpentaria. The doctor was willing to try it, I wrote the prescription as follows:

R Com. tr. serpentaria, glycerine, aa $\bar{3}$ i.

M. Sig. $\bar{3}$ i in warm tea, and repeat.

The first dose gave relief. He got three more during the day, the perspiration becoming profuse. By night he was breathing easily, raising easily, and to use his own words, he was happy. After this he had a small dose each evening until he recovered, other remedies being used as indicated.

CASE II. During last summer I attended a lady in confinement. She did well until the third day, when, through her own indiscretion, she took a chill. As a consequence, all the excretions were stopped. She was seized with violent pains which seemed to occupy the whole abdomen. When I arrived, I found her friends had been very diligent in the use of means, both internal and external, but the pains kept increasing. I found on examination, skin dry, lochia had ceased. No urine had been passed for a long time, and none could be passed. Her sufferings were terrible, and she begged for relief. I at once admin-

istered a teaspoonful of the tincture in a cup of hot sweetened water. I continued the hot applications they had been using and covered the patient up warm. Relief soon followed. This was about midnight. Smaller doses of the remedy were repeated at intervals, and by early morning the excretions were once established and the patient was out of danger.

CASE III. A lady, who had been suffering with congestion of the left ovary, through want of proper care, took cold. This was followed by a severe congestive chill. When I arrived I found the patient deathly cold, in fact the coldest patient I have ever seen. Her sufferings were fearful, and she begged piteously for "hypodermic medication." I called for bottles of hot water to be applied to feet, hips and body. It was a boarding house, and as is often the case in such places none could be obtained. I at once gave a full dose of the medicine, and added 30 drops of tincture of capsicum. Messengers were dispatched for hot water. When they returned, bottles were filled and placed around the patient. Before the medicine was given the contents of the stomach were being thrown off; there seemed to be no power to vomit, the contents of the stomach flowing coldly and slowly from the mouth as though the stomach were partly inverted. The medicine was kindly received, and was repeated as needed in suitable doses till the patient perspired freely and the chill was entirely broken. For several days she was a sick woman, but with the use of remedies that were indicated from day to day she made a good recovery.

CASE IV. Was called to see a man suffering with an attack of acute neuralgia, involving whole of the right side of face and head. The foundation of the trouble lay with some badly decayed teeth which I had ordered extracted months before. The day previous to the onset he had been out in the wet and had taken cold. When I arrived he had been suffering for some hours, and could find no rest or relief. His skin was dry and hot, showing suppression, the result of the cold. One full dose of the tincture in hot water was administered. He was covered up, and within a few minutes he was relieved and went to sleep. A very little medication, beyond the use of the compound tinct-

ure serpentaria, together with the extraction of the teeth, did the business of removing the neuralgia.

Wherever you get suppression as a result of cold and consequent fever and pain, whether the suppression be of the catamenia, lochia or perspiration, I do not know of a remedy that will act more quickly and certainly than the compound tincture serpentaria. Given as I have indicated in hot water or tea, it seems to be at once absorbed. I do not know of any remedy that will act as quickly except it be by hypodermic use. There may be remedies pleasanter to take, but there is no remedy more certain to relieve if given with discretion.

Patients realize its beneficial effects to such a marked extent that it is very common for them to ask for a supply to use in cases of emergency. It is true that it is not wise to be continually medicating people; and yet this remedy, with a few instructions from the family physician, would be better to keep in the house than patent remedies advertised for the same purpose.

With regard to the first three cases they were very serious. The life of each of these patients was in great danger, and that they are living in health to-day is largely due to the remedial power of this compound—a compound, I will say, in conclusion, which leaves no bad results in its train.

OAKLAND'S MONSTROSITY.—WHAT IS IT.

BY H. B. MEHRMANN.

Learning that a Portugese couple in this city, was possessed of a monstrous offspring in the form of a boy, I proceeded to their residence with Mr. Geo. W. Snook, the sanitary inspector, who kindly consented to accompany me.

Upon entering the room a child, apparently about four years of age, was presented to view, crouched upon a wooden box, like an enormous frog, with no other clothing than a coat, further dressing not being tolerated. Inspection proved the boy to measure about two and a half feet in height, dumb, blind, and idiotic, and, as the mother stated, it was actually thirteen years of age. The head was found to be well shaped and in proportion

with the body; a rather low rounded forehead, eyes deeply set in their orbits, apparently but rudimentary and presenting a dried up appearance; the nose of the Caucasian species, rather large; mouth and chin well formed and not abnormal other than a double set of teeth above and below. The body of the child was perfect for its size; the limbs however presented an atrophic condition. His power of hearing seemed extremely acute; always responding to the call of any one of the family when addressed by name, and when loud noises are made he will press his diminutive hands to his ears in the endeavor to close out the sounds, at the same time moaning as if in distress. His ears which are quite large and congested appear to be the only source of suffering. He will at regular intervals raise his head and punch them with his fingers, meanwhile wailing plaintively as if in pain. The only sounds he is capable of making are a succession of groans and yelps somewhat after the manner of a large dog in a dream. His favorite position is to lie flat upon his abdomen, thighs flexed upon the body and knees placed just posterior to the axillæ; legs crossed under him like a tailor; elbows resting upon the box with forearms extended and supinated; resting his face in the palms of his hands. While he was lying thus, I drew his right leg from under him brought it up over his back and to the opposite side resting the foot upon the inferior angle of the left scapula, heel downwards, it remained there but a moment, when he alternately flexed and extended the foot in a catch-me-if-you-can style, rotated the entire limb so as to bring the heel up and carry the toes down, then raising the limb he swung it around in a perfect circle and drew it under the body, placing it in its usual place, without any apparent exertion or changing his position in the least. This showing that he had perfect control of his limbs in whatever position he had a mind to place them, also a relaxed condition of the tissues surrounding the joints commonly called double-jointed.

Nothing but a tenderness over the region of the kidneys could be learned by an examination, as he would fight like an amateur tiger upon being handled, but appeared to be tickled by the touch of my fingers and laughed idiotically. He enjoys good health except an occasional derangement of the stomach when

he vomits profusely. This is undoubtedly hereditary as both parents are suffering from the same complaint, otherwise they are in healthy circumstances. He is possessed of a good appetite and eats ordinary food. The only rest he takes in sleep is during several hours in the latter part of the day. The early part of the day he whiles away upon his box, while the entire night he spends in running about the house yelping in a blood-curdling manner.

Upon inquiry, it was ascertained that the lady had given birth to another boy in a similar condition, the difference being that he could not walk. He lived up to about eight months ago when he died at the age of fourteen. She has still seven boys and two girls besides this idiot, all healthy and very bright children. The mother herself is a woman of medium height, quite fleshy and plethoric, and appears the very picture of health. She informed me that she had not been ill during pregnancy, but had fallen down a high staircase, without receiving any injury, one month previous to the birth of this boy. I cannot conceive, however, that this accident could have any bearing on the case. Such a fall, received by a woman while pregnant, can certainly not produce a double set of teeth in her offspring; neither can it destroy the eyes in the manner that this boy's are, nor cause the frog-like tendencies and nocturnal hilarity possessed by him. Furthermore, previous to the birth of the other boy, she had not received any shock or accident, and still he was an idiot, deaf, dumb, and blind. The youngest child, a girl about three years of age, had also been born with eyes like those possessed by the boy, but now she is a bright little tot, with normal eyes and sight.

It is scarcely plausible that the lady was frightened by a frog. In fact, she emphatically denies any such statement. Therefore, we can arrive at but one conclusion, that these deformed descendants are simply due to an effort on the part of nature to supply some enterprising showman, as Barnum was, with money-making subjects. If the boy was ours we could inform the world as to our *modus operandi*.

In all cases of monstrous births heretofore reported there has been some apparent cause for the diversion from the natural

standpoint. For instance the "Sacramento Ape," in which case the lower part of the body and limbs were those of an ape, owing to a fright received by the mother from that animal. Again, the Georgia "Alligator Boy," where the mother had been frightened by the monster of the tropic sloughs. But in this case history will not divulge the name of some one of the brute creation at which we can hurl an accusation.

A CASE OF EXTRA-MENINGEAL HEMORRHAGE.

BY LYMAN WATKINS, M. D., BLANCHESTER, OHIO.

On the morning of July 10, 1883, two ditchers had a dispute about their work. One of them quit work and got drunk. In the evening the other, finding him sitting in a saloon drunk and stupid, struck him on the head with a heavy ditching spade. The saloon keeper fearing officers, ejected the men. The injured man, being in a dazed condition, wandered aimlessly around for a while, and then laid down in a lumber yard. About an hour after this he was found unconscious and bleeding.

I was hastily called to attend him. Found the patient to be John L. an unmarried Irishman aged 45, very muscular, and a habitual drunkard. The odor of whisky was very strong about him, his respiration was slow and stertorous, pulse slow, extremities cold. On being aroused his voice was thick and his answers unintelligible. There was a lacerated scalp wound over the region of the left parietal protuberance an inch and a half in length irregular and branching. There was no fracture of the skull.

Dressing the wound according to antiseptic methods I left him, thinking that he was in an alcoholic stupor and that he would recover in a few hours. J. Hughlings Jackson says: "To have said a patient was 'only drunk' when a 'post-mortem examination shows a fatal lesion,' is very painful to all concerned." Therefore, while I really thought the man was "only drunk," I did not say so, and thus fortunately escaped answering many embarrassing questions in regard to subsequent events. In about a half an hour I was again summoned to the patient with the message that he was thought to be dying. Found him complete-

ly insensible, breathing slow and stertorous, labored, and accompanied by a whiff at the corner of the mouth; pupils contracted and insensible to light; convulsive muscular quivering, extremities cold, pulse thirty. The symptoms now indicated, very plainly indeed, cerebral hemorrhage, or more properly hemorrhage into some part of the cranial cavity. There was no change in the symptoms for four hours, when the temperature began to rise and the pulse and respiration were slightly accelerated. They continued to increase in frequency for fourteen hours, becoming very rapid towards the last. The patient died, death occurring twenty hours after the injury was received. The post-mortem revealed a large coagulum six ounces in weight between the dura mater and skull, situated in the left parietal region. The hemorrhage was from the anterior branch of the left middle meningeal artery, the coats of which had been ruptured for an inch of its course. There was no fracture of the skull. Other organs normal. Cases of this kind are very unusual: we rarely find rupture of the cerebral vessels from traumatism without there is also fracture of the bones of the head. An injury of this kind is generally fatal. Much care is required in the diagnosis.

THE COMING STATE SOCIETY—APPOINTMENTS.

Orator—W. C. Harding, M. D.

ESSAYISTS.

On Electro-therapeutics—H. T. Webster, M. D.

On Massage—J. L. Berry, M. D.

On Hydro-therapeutics—C. F. Young, M. D.

On the Practice of Medicine—J. C. Stout, J. S. Coleman, M. H. Kenney.

On Materia Medica—John Fearn, J. A. Bainbridge, C. P. Higgins.

On Anatomy and Surgery—D. D. Crowley, E. J. Martin, C. S. Clark.

On Physics and Chemistry—H. B. Mehrmann, M. H. Logan, P. B. Wilson.

On Obstetrics and Diseases of Women—D. Maclean, J. P. Webb, F. Sage.

On Diseases of Children—O. P. Warren, S. P. Backesto, J. W. Wright.

On Diseases of Brain and Nervous System—J. P. Schmitz, J. G. Pierce, W. B. March.

On Diseases of the Eye, Ear and Throat—F. Cornwall, J. A. McKee, A. S. Cook.

On Indigenous Remedies—S. L. Blake, J. R. Redman, J. H. Giles.

On New Remedies—R. W. Musgrave, G. W. Stout, F. P. Mitchell.

On Old Remedies—J. G. Hill, A. C. Keating, W. O. Buckland.

On Our State Medical Society—A. W. Bixby, M. F. Clayton, C. C. Mason.

DELEGATES TO THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Members of this Society in good standing, up to the number of fifteen, who may wish to become members of the National Eclectic Medical Association, will be furnished with the proper credentials.

(By request of the Faculty of the California Medical College)
—To be present at, and assist in the final examination of candidates for graduation at the California Medical College:

Obstetrics and Gynecology—J. S. Coleman, M. D.

Surgery—J. L. Berry, M. D.

Principles and Practice of Medicine—J. C. Stout, M. D.

Materia Medica and Therapeutics—J. A. Bainbridge, M. D.

Anatomy—E. J. Martin, M. D.

Physiology—J. W. Wright, M. D.

Chemistry—S. L. Blake, M. D.

Ophthalmology—D. J. Stansbury, M. D.

Let every one report in person, or send an essay, and thus make the next meeting of our State Society the most successful one since its organization.

GEO. G. GERE, M. D., President.

[See report before the California Medical Society (Allopathic)
November, 1885.]

Listen to a wail that sounds
To the State's remotest bounds.
The allopaths on equal field
Must meet the other paths, or yield.

No special law makes this its pet,
And this it is that makes them fret;
Nor will a haughty arrogance
Their narrow selfish hopes advance.

With homeopaths, eclectics too,
They stand on equal ground to view,
And by their works they must be known
Or by their works be overthrown.

No ægis of the law will yield
To their pretensions a clear field;
And this draws from them many a howl
Like angry tiger's prolonged growl.

Ah, brothers! is it hard that you
Should stand with us in open view,
That people may your works compare
With ours, and judge which better are?

Advice from us you'll not receive;
For this we do not greatly grieve,
But we would hint that truth can't be
Made sure by legalized monopoly.

G. P. BISSELL, M. D.

Eureka, Cal. Dec. 28, 1885.



SELECTIONS.

TUMORS — TREATMENT OF DECLAT'S PURE PHENIC ACID.

CASE I. A. S. ; widow, age 65 ; affected with glandular enlargements in the neck. The submaxillary glands were the seat of the disease, and were in size and texture as large and hard as a good sized green apple. My treatment was subcutaneous injection of Declat's hypodermic solution of pure nascent phenic acid.

I gave twenty injections of 80 minims alternately in the tumors themselves and in the abdominal cellular tissue. After the first ten injections had been administered the tumors began to soften and had diminished in size about one-eighth of their bulk. At the twentieth injection the reduction in size was one quarter. At the time, the lady was called home to the South on account of the fatal illness of a relative. She was so elated at the results attained that she expressed her determination to go on with the treatment at her home in Louisiana. I advised her to take Declat's iodio phenique in teaspoonful doses as an alterative.

CASE II. About the first of May last I was called in haste to see a married lady, age 26, supposed to be suffering with diphtheria. On examination I found high fever; eyes injected and of a yellowish hue; sharp pains at the base of the brain, with great restlessness and a feeling "as if the neck would break short off," as the lady expressed it; also considerable acute inflammation in and about the ovaries, with intense sharp pains darting down the thighs; tonsillitis of a mild character, with a superficial ulcer on the left tonsil. The usual remedies were administered and hot flaxseed poultices applied to abdomen and back, which afforded relief.

At a subsequent visit, I acquired a history of the case, which was as follows: Six years previously she had had an attack of peritonitis, shortly before the birth of her first child (she having had two miscarriages subsequently, one of six months, the other

of three months development). Since recovery from this attack up to the present time there has been tenderness on pressure of the entire abdominal surface. She has also experienced at the menstrual period a series of epileptiform spasms, recurring periodically and generally accompanied with some such symptoms (minus the tonsillitis) as she had just been afflicted with. She had noticed at times a difficulty in urinating, with occasional sharp pains darting through the bladder. In fact there have been times when she was unable to pass water from twenty-four to forty-eight hours at a time. All kinds of medical treatment had been submitted to, but without material benefit. Two years ago she observed a tumor about the size of a hen's egg in the right ovarian region, which showed itself occasionally, but could be felt most of the time when she was sitting in her chair. Some physicians had diagnosed a fibroid of the broad ligament; others a right ovarian tumor; while one medical attendant diagnosed an abscess of the liver, which he was anxious to open, but to which she declined to submit.

I gave the lady one subcutaneous injection daily of 80 minims of Declat's hypodermic solution of pure nascent phenic acid, and up to date have given twenty in all, with the following result: total disappearance of spasms; a gradual diminution in size of the right ovary; and she informs me that she begins to feel as she did when a school-girl, some fifteen years ago. Last summer she kept her bed for five months, and now she does some housework, sews, and takes a short walk each day.

I have used in connection with the subcutaneous injections, and besides the usual remedies indicated, Dr. Schussler's inorganic tissue cell salts, with good results in subduing local symptoms. For retention of urine I advised warm baths, hot fomentations over kidneys, together with warm injections of Declat's glyck phenique, diluted with water, per rectum, with beneficial results.

The above are two of many cases which I have treated by the antiseptic or Declat method, and which, in my hands, has produced brilliant results in disorganizing abnormal growths, subduing congestion, inflammation and tendencies toward septic poisoning.

The essential for success is a pure phenic acid, which crystallizes in long needles, and never in masses as sold in the drug stores. It is not the phenic acid that produces poisoning; it is the impurities combined with it that renders it dangerous. Who would dare to administer forty grains of the phenic acid found on the shelves of the drug stores? And yet Declat's pure nascent phenic acid has been and can be given in heroic doses without fear. The late Dr. N. F. Cooke took, by mistake, twenty-four grains of Declat's pure phenic acid at one dose, without any untoward result, using large draughts of water to dilute the acid in the stomach. In Bellevue Hospital, and in the practice of Dr. J. Robie Wood, forty grains have been given, in divided doses, during the twenty-four hours, with beneficial results.

Since preparing the above clinical case, I have had a case of abortion under treatment, which will doubtless prove of interest to the profession. The abortion had been induced by the use of the uterine sound in the hands of the lady herself, together with teaspoonful doses of *gossypii radice corticis*. When called, I found the patient flowing profusely, with small weak pulse, flushed cheeks and in a debilitated condition. I administered *secale cornutum* and the usual adjuvants, but to no purpose. I tried packing the vagina with ice, which nearly terminated fatally, throwing the patient into spasms. I had part of a bottle of Declat's hypodermic solution of pure nascent phenic acid, and a bottle of Declat's syrup of the same, in my satchel, and under the impulse of the moment gave two subcutaneous injections in the abdomen, of 80 minims each, of the injecting solution, and teaspoonful doses of the syrup internally. I also injected 40 minims into the uterus, by means of a uterine syringe. The result was phenomenal, to say the least; beyond a few twitchings of the muscles there were no bad symptoms, and it is needless to say the hemorrhage was controlled, and the lady convalesced rapidly.

Nov. 15, 1885.—I have permission to publish the name of the lady, who is entirely cured of the ovarian difficulty. It is Mrs. John Rork,, of North Lansing, Michigan.—*F. Gray Blinn, M. D., in American Medical Journal.*

LARYNGEAL ANALGESIA.

Brown-Sequard has published in the *Compt. rend. de l'Acad. des Sciences*, 1885, No. 22, the extraordinary general analgesia results that follow local irritation of the mucous membrane of the larynx. He claims that such irritation is followed in man and beast by a considerable reduction of general sensibility of several hours duration, without any impairment of consciousness or intelligence, or of the special senses, or voluntary motion. It is about three years since Brown-Sequard first gave out that such irritation of the upper laryngeal nerves brought about an inhibitory influence upon certain nerve centers, and that, according to the measures employed, the whole body or just one side of it, could be peculiarly influenced. The publication above referred to contains his publication since and up to date.

His experiments were conducted upon nine monkeys and forty-three dogs. In the former analgesia was established especially easily and permanently. In order to meet with best success the mucous membrane of the larynx should be dealt with; however, irritation of neighboring tissues is followed by like, though not so pronounced, phenomena. The irritative stimulus is best made with fumes of chloroform, or of carbolic acid. Of course none of the chloroform should enter the lungs, because sleep would then be induced, and the analgesic action of the laryngeal nerves become lost in this general anesthesia. Other, but not so effective, means to this particular end are galvanization of the superior laryngeal nerves, or of the whole larynx, cauterization of the membranes with nitrate of silver, etc.

If now such an impression has been made upon the locality indicated for one, two or more days, then sensibility of the surface of the extremities or the trunk has vanished. Wounds that have been made before the manipulation lose their painfulness; the infliction of wounds subsequent to the induction of this peculiar state is not felt, and such wounds may heal and cicatrize without a single pang, during the eight or ten days needed for repair. In some cases the analgesia was so perfect that large nerve-trunks could be cut, the most painful escharotics applied

and powerful galvanic currents used without evincing any pain or suffering.

In the greater number of instances this freedom from pain is most pronounced fifteen to twenty hours after the local irritation. Strange to say tactile sensibility is preserved and the sensations experienced by muscular movements, by moving the joints, etc., is preserved.

Brown-Sequard states that it is difficult to accomplish perfect results of this kind in man. Upon his animals he had recourse to tracheotomy in order to prevent the introduction into the lung of the vapors employed. In man he directed that a deep inspiration be made; the first two-thirds of the act of inspiration fresh air was inhaled; at the close of the act carbolic acid vapors were inhaled. Thus the vapors were brought into contact with the larynx, and did not penetrate into the lung deeply. At first the glottis closes against the vapors, but as the local sensibility becomes lost, a more free respiration follows. In some individuals the act is soon and easily accomplished. The inhalation of carbolic acid must be continued for twenty minutes. Complete analgesia of forty hours duration was so afforded. Pain of the most various description disappeared for two days or more, and as stated above, with no appreciable interference with the function of other nerve centers.

It is certainly in order, with such statements coming from so high authority as Brown-Sequard, to give the local application of solutions of muriate of cocaine to the larynx an extensive trial in order to note its effects as to general analgesia. All that is really good in cocaine lies in its local anesthetic effects. And even these, it must be admitted, notwithstanding we read so much of the marvellous influence as a topical application upon every mucous membrane that can be reached, are very dubious. A true; lasting, unmistakable anesthetic effect has been established only for the conjunctiva and the larynx. Trial must show whether the latter can be treated with solutions of innocent concentration and the above analgesic results follow. We are learning what a dangerous drug it is, and that even its local use must be a careful and guarded one.-- *Weekly Medical Review*.

THE INFUSION OF GRAPE-VINE IN METASTASIS OF PAROTITIS.

In calling attention to the virtues of the common grape-vine as a remedy, I realize that it is not a new thing, which has just been discovered, among the jungles of some unexplored continent, or in the thickets of a thousand forests, for we read of it in our most ancient histories, not as a wild and uncultivated vine, but as one that has been carefully nurtured, and favored with a high degree of cultivation, while the juice of the grape, is given a place among the sacred things of the earth, and is even used as a symbol of the blood of Christ.

The grape grows wild in the southern parts of Asia, the north of Africa, the south of Europe, and in America, In regions where the mean annual temperature on the northern border never descends below 50°, and never rises above 59° on its southern border. It is not my purpose at this time to go into the minute botanical description of the grape, for it is familiar to every one, but in passing it might not be amiss to say that in this country there are at least four distinct species or races of the grape, the common bunch grape, the fox grape, the bullet grape, and the winter grape. These are either polygamous, or droseracious, and from their mixing with each other, and with the European wine grape, we have almost an endless variety, which are again changed, or modified by soil, situation, culture, climate or accidental causes. These changes respecting magnitude, fulness, of flowers, crisping of leaves, and color, taste and smell of the fruit.

The juice of the grape after it has gone through the process of fermentation, has been recommended by the profession as a sovereign remedy for nearly every disease to which human flesh is heir to, but we hear nothing about the juice of the vine itself. The medical profession has been so enthusiastic over the wine, that they have lost sight of the vine, nearly every writer on medicine being as silent on this subject, as midnight in the ancient tombs of Rome. Out of the thirteen works in my library, which treat of the medicinal properties of drugs, but three make any mention whatever of the juice of the vine, and neither of these make any allusion to its use in parotitis.

“The *Edinburg New Dispensatory*,” 1790, says: “The trunk of the tree wounded in the spring, yields a clear, limpid, watery juice. These tears of the vine have been accounted excellent for sore eyes, and by some recommended likewise in ardent and malignant fevers, and as a diuretic,”

“The *United States Dispensatory*” 1836, says: “The juice which flows from the stem, was also thought to be possessed of medicinal virtues, and the prejudice still lingers among the vulgar in some countries.”

“The *American Dispensatory*” (Kings) 1872, says: “The juice of the stem has also had medicinal virtues attributed to it and is often added at the present day, to washes for improving the hair, and removing baldness.”

There is no disease that should claim our attention more fully, than the metastasis of parotitis, or mumps, from cold or other causes, and I know of no remedy, that meets the specific indications in this disease as readily and as effectually, as an infusion of grape vine. Several years since I gave to the medical press an article on the Common Grape-vine, in which I set forth the great value of the infusion as a local application to swollen testes, breasts, from the metastasis of parotitis, and also as an application to other enlargements of the glandular system of a scrofulous nature. Continued use of it has but confirmed the conclusions therein stated.

My method of using it is after this wise: I make an infusion by putting a handful of (say fifteen or twenty) twigs a foot long, of last year's growth, cut into inch pieces, into a covered bowl or basin, containing a quart of boiling water. When the infusion is cool, not cold, it is ready for use, and with it the swollen parts should be bathed every hour, and in the interim a woollen cloth should be laid gently over them and kept constantly wet with the infusion. I have known very severe cases that had resisted all other treatment for several days, completely cured in forty-eight hours. I have never seen any injurious effects from its use, having used it in every case where it seemed indicated for the past twelve years. I lay no claim to its discovery, for it was told to me when I was a boy by an old man, “Squire Stevens.” As illustrative of the good effects of the grape-vine infusion in the conditions above mentioned, I cite the following

cases, a few of many in which its use has been most satisfactory :

CASE I. In the winter of 1873 I was called to see Mr. H., who was suffering from the "mumps going down," as he expressed it. I found him in a very bad condition, testes much swollen and exceedingly painful. He had been under the care of another physician for two weeks, who had given him brisk cathartics, and used many different local applications but without success. I ordered the infusion of grape-vine, as mentioned above, and three days later he walked to my office, a distance of four miles, and reported himself as "all right."

Case II. Mr. B., caught cold while suffering from the mumps, and the result was that the inflammatory action was transferred to the testes. Severe inflammation of these organs had existed a week before I was called, during which time he had suffered much pain. I ordered the infusion of grape-vine as before, and in twelve hours the swelling had greatly diminished, the pain had subsided and complete recovery rapidly ensued.

Case III. Mrs. P., was exposed during an attack of parotitis, and got her feet wet, whereupon a marked increase of inflammatory action in the parotid gland followed, and the breasts became much swollen, exquisitely sensitive, the pain amounting almost to agony. I directed the infusion of grape-vine to be constantly applied. The pain was greatly relieved in a few minutes, and swelling subsided in twenty-four hours, with no return.

Case IV. This was a case of mastitis, evidently a metastasis of parotitis, and was accompanied by extreme tenderness over both ovaries, infusion of grape-vine was constantly applied to the breast and over the ovaries, and a complete cure was speedily affected. Had I the time and space I could cite fifty cases wherein I have used the infusion of grape-vine, with equally good results. The internal treatment of these cases was of the simplest nature, being addressed chiefly to the constitutional disturbance. For the glandular affection, I rested wholly on the grape-vine infusion. I invite others to try the grape-vine in such cases, and I predict for them the happiest results.—*Charles N. Gallup, M. D., in Massachusetts Medical Journal.*

CASES OF RECOVERY FROM SYMPTOMS POINTING TO PROGRESSIVE ORGANIC CEREBRAL DISEASE.

Interesting as all cases of intracranial diseases are from many points of view, those are specially interesting to the practical physician in which recovery ensues from symptoms which former experience had led him to regard as indicative of progressive mischief tending to a fatal result. Of recovery, more or less complete, from all kinds of so-called "functional" disorders we have, of course, ample experience. Of recovery also more or less complete, from small hæmorrhagic effusions, or from small patches of softening, again clear, evidence is sufficiently abundant. Simple inflammation of the surface, or even of the substance, of the brain, no doubt subsides, leaving little or no clinical trace of its pre-existence; and, probably, this is of more common occurrence than most of us suspect. Syphilitic affections, again, are not unfrequently benefited, and sometimes cured, by appropriate treatment. Nevertheless, it cannot be denied that symptoms indicative of obvious inflammation of the cerebral meninges, symptoms pointing to the presence of cerebral tubercle, symptoms characteristic of tumors of the brain, and even symptoms apparently referable to progressive degenerative processes, are properly regarded as of the gravest omen, and, in the great majority of cases, foretell a fatal issue.

CASE I. *Tubercular peritonitis(?)—Tubercular meningitis, or tubercular tumor of the brain(?)—Recovery.* Arabella D., 23, unmarried, Oct. 4, 1883. Health had been good up to three weeks ago, when, as she was carrying a heavy tray, she felt a sudden sharp pain in umbilical region. Has suffered from abdominal pain of varying severity ever since; and abdomen has enlarged. Is a dark-complexioned, good-looking, fairly nourished girl, complaining of abdominal swelling, and of pain referred chiefly to the hypochondriac regions. The belly is uniformly distended, and measures thirty-five inches at umbilicus. It is resonant in front, and dull in the flanks, as she lies on her back; and the relations of the resonant and dull areas vary with position. There is some tenderness on pressure, but no evidence of tumor, or of enlargement of liver or spleen. No anasarca in legs or elsewhere. Thoracic organs normal, excepting

that the heart's apex beats a little higher than natural, and there is some crepitation at the bases of lungs. No evidence of mischief at the apices. Appetite bad; tongue furred, but moist; pulse 80; resp. 20; temp. from 98.4 to 99. Urine, sp. g. 1024; no albumen. The ascites gradually increased, until the girth of the abdomen measured more than forty inches, and resonance disappeared, excepting on deep pressure. Impairment of appetite continued; complained constantly of pain and tenderness in abdomen, which were not always referred, as at first, to the hypochondriac regions; temp. rose daily above 100, but varied between 98.4 and 100.6; and her urine was of high specific gravity, and contained abundant urates.

On the 11th had an attack of diarrhoea, and bowels were moved eight times; vomited a good deal; complained of much epigastric pain, and temp. rose in the morning to 102.2. Tongue covered with brown fur. The diarrhoea continued off and on for a week; during the first two or three days of which she still vomited. Complained, during the week, of pain and tenderness of abdomen, chiefly in epigastric region, and also of pain between shoulders. Appetite very bad, tongue brown and inclined to be dry, and urine presented a little albumen and a few granular and hyaline casts. Temp. reached 102.8 on the 12th, and subsequently varied between 98.4 and 101. The ascites remained unaltered.

From the end of this week to about Nov. 22, patient got steadily weaker and thinner, and suffered from profuse nocturnal perspirations. Bowels were variable, but, on the whole, inclined to constipation. Often vomited several times in the day. Tongue was coated; appetite very bad. The pain and tenderness in abdomen never left her; and, at times, the pain, which was paroxysmal and referred mainly to umbilical and epigastric regions, was very severe. But, during the last fortnight of the time the ascitic fluid disappeared, and the girth of the abdomen became reduced to 27½ inches. The reduction, however, was not attended with any diminution of pain or tenderness, and the abdominal walls became rigid. Temp. varied for the most part between 99 and 101, occasionally becoming sub-normal, and, at times, rising above 101. From Nov. 13 onwards, however, it

never reached 100, and was usually normal or sub-normal. Pulse, which was always feeble, ranged from 80 to 116. Urine continued scanty and high-colored, and usually contained a trace of albumen. The catamenia, which were due about the time of her admission, did not make their appearance, either then or subsequently. She had no cough or sign of disease at the apices; but the sub-crepitation, audible at the bases on admission, was audible from time to time subsequently. Nov. 24 it was noted that, for a day or two, she had been complaining of double vision; and it was found that she had an internal squint with both eyes (the left external rectus being the weaker), and nystagmus. No headache, giddiness, tremors, or color-blindness.

On the 26th the ophthalmic surgeon observed that there was defective movement of both eyes outwards, and slight impairment of inward movement in left eye, and that the internal structures of the eyes were healthy. There was still nystagmus. Still also she complained of dull, aching pains across the upper part of the abdomen; vomited a little at night; and the urine contained a trace of albumen. Temperature normal.

28th. The condition of the eyes is unaltered; and there is still some pain across the epigastrium. But patient has been improving in all other respects during the last few days; is bright and cheerful and hungry; sickness has ceased; and her abdominal uneasiness has so much diminished that she has been able to sleep without the hypodermic injection of morphia, to which she has been accustomed almost ever since admission. Pulse 114; temperature normal; urine 1030, many oxalate of lime crystals, and a trace of albumen. Ever since the eyes have become affected, the patient has suffered from loss of memory—cannot recollect the days of the week, the times of my visits, whether she has had her dinner, etc.—and from delusions (such as her mother has brought her a pineapple, or, that her father, who has long been dead, has been sitting beside her).

From this time forward there was progressive improvement. The patient had no return of sickness, and enjoyed good appetite; her abdomen became more and more flaccid and free from pain, which finally disappeared wholly the diplopia gradually

diminished and had quite subsided by December 16, but nystagmus (especially when she looked to the extreme left) continued; temperature ranged from about 97 to 98.2; she put on flesh, recovered strength, and became lively and happy. December 2, and for a few days subsequently, she complained of pain across the forehead, and slight giddiness, but these symptoms did not recur. The fundi of the eyes, before she left hospital, were carefully examined by Mr. Nettleship, who failed to discover any choroidal tubercles, and reported them as being quite healthy.

January 9 she was sent to a convalescent hospital. At that time, she expressed herself as feeling, quite well; she was enjoying her food and helping in the ward; the abdomen was soft and void of pain, tenderness or tumor; urine was free from albumen; no headache or double vision; but slight nystagmus was still observable when she looked out of the corners of her eyes; and she was still forgetful. There was no evidence of pulmonary disease. She weighed 6 stone 11 lb.

During her stay in the hospital she was treated mainly with morphia, administered subcutaneously, and tonics.

There is, no doubt, much that is difficult to understand in the narrative which has just been given. It is especially difficult to comprehend how or why the abdominal symptoms should have subsided just as the cerebral symptoms came on, and how or why the latter should in their turn have passed away, leaving the patient apparently healthy. I think that no one who watched the case during life doubted, and that few of those who read the notes carefully can doubt, that the girl was suffering from tubercular peritonitis. The symptoms and progress of the case were exactly what one constantly witnesses in that disease, and, so far as I know, in no other. Moreover, recovery from the symptoms of tubercular-peritonitis, though certainly rare, is not unprecedented. But, if she had tubercular peritonitis, it is difficult to believe that her cerebral symptoms could have been due to anything else than intercranial tuberculosis. I do not see how the combination of double internal squint, nystagmus and loss of memory, could have been merely functional. There was no ground, whatever, from the antecedents of the girl, to suspect

syphilis; moreover, she recovered without the use of antisyphilitic treatment. No doubt inflammation at the base of the brain may be idiopathic; and this might furnish the explanation of her symptoms. But the arguments which might be adduced against the presence of simple meningitis are of the same kind as those which might be adduced against the presence of tubercular meningitis; and it is the less likely of the two explanations in this case, inasmuch as there was strong evidence in favor of the presence of tubercles elsewhere. I believe that the patient was suffering from cerebral tuberculosis; but whether this was in the form of slight basal meningitis, or of tumors in the substance of the cerebellum or elsewhere, I cannot venture to decide. The absence of optic neuritis, which is not uncommon in either of these affections, does not help the diagnosis.

CASE 2. May 5, 1875, a servant-girl ægt. 15; had had good health up to three weeks before. Then she began to suffer from pains in the head, back and abdomen, giddiness, drowsiness by day and restlessness at night. Also, she began to see double. On admission, she was a fairly healthy-looking girl, complaining of headache, giddiness and double vision; was very drowsy, and indisposed to answer or take notice. Pulse 48, resp. 24, temp. normal. She had paralysis of both external recti, and well-marked double optic neuritis of recent origin. For some days afterwards she remained somewhat drowsy and torpid, with slow pulse, and, at times, irregular respiration of the Cheyne-Stokes character; temp., at the same time, being slightly below normal. Then she gradually improved, her squint disappeared, and, at the end of four weeks from admission, left the hospital well, excepting for the persistence of optic neuritis.

She was readmitted 12 days later, suffering from weakness, pains in the back, short breath on exertion and slight cough. Complained of a little pain in right temple, weakness of eyes, and some giddiness when walking. Was suffering from slight bronchial catarrh, and while in the hospital had an attack of erythema nodosum, during which temperature varied between 99 and 102, and on one occasion rose to 102.8. Remained in the hospital two months and left fairly well. On leaving there was evidence of double optic neuritis but no other definite indica-

tions of cerebral disease. But I thought at the time, and am still inclined to think, that her symptoms were due to tubercular meningitis.

CASE 3. *Symptoms pointing to progressive disease in neighborhood of fourth ventricle, coming on gradually, and finally subsiding under treatment.* Eliza N., a nurse, single, æt. 39, Jan. 17, 1883, Excepting that she had had an attack of enteric fever ten years previously, and subsequently occasional slight rheumatic pains, she had enjoyed excellent health, until her present illness began. No history or evidence of syphilis. Had been attending on a private paralytic patient, when suddenly a month ago, while feeding him, she was attacked with double vision. This was accompanied by a sense of giddiness and nausea—a feeling of sea-sickness, as she termed it. These symptoms continued, and about three weeks afterwards she found on getting out of bed that she could not stand, and in fact tumbled while stooping for her slippers. On the 12th she first complained of headache over both frontal and occipital regions, a sense of pressure, and as if her head were too heavy for her. On the 15th she vomited and noticed numbness and weakness of right half of upper lip.

Is healthy-looking, well-nourished, complaining of headache, nausea, giddiness and consequent inability to stand, and difficulty in using the upper lip on right side. Headache is severe and more or less general, but is referred mainly to frontal region. There is an area of tenderness to percussion, however, at the back of the left parietal bone. The forehead also is somewhat tender to percussion. The nausea is distressing, but is present mainly when she sits up in bed, or tries to stand. Staggers like a drunken person, and has a tendency (she says) to fall over to left rather than to right side. No ataxic movements. Slight, but obvious, paralysis of right facial nerve; right eyelids close imperfectly; right upper lip evidently acts feebly, and right side of face generally is smoother than the other. Nevertheless, the right angle of the mouth moves freely when she laughs. The tongue is protruded slightly toward the left, but when the organ is drawn in again its left side looks plumper and lies higher than the right. There is no obvious difference in the appearance or action of the two sides of the soft palate; but the uvula is con-

cave toward the right, and its apex points in that direction. Presents a marked squint. Right external rectus appears to be completely paralyzed, and left internal rectus slightly paralyzed; and there is well-made horizontal nystagmus when she looks strongly to the left. Pupils normal. No optic neuritis; can distinguish forms and colors perfectly; but there is apparently some contraction of the field of vision towards right side. Smell, taste and speech unimpaired. Slight deafness on left side, which dates from childhood. No paralysis or anæsthesia of limbs; tendon and superficial reflexes normal; mental condition healthy; no hysterical symptoms. Thoracic and abdominal organs healthy; tongue clean; appetite fair; bowels open; catamenia regular; urine normal; temperature 99.6. Investigation of the field of vision, discovered that the right half was so largely contracted for both eyes, as almost to cause hemiopia. Headache varied in severity, but was rarely if ever absent, and often intense. Nausea remained for the most part in abeyance so long as she lay perfectly still, but became severe whenever she sat up, and especially when she was made to stand. On 23d there was decided weakness of left external rectus, in addition to the former ocular defects. This became more pronounced during the next four days. On 27th she first experienced a feeling of numbness and coldness at the bottom of the feet, which in a few days amounted to a sense of pins and needles. February 12th, complained that her legs felt stiff, and that they jumped at times. She could move her legs pretty freely, but they tended to become rigid, especially at her knee and ankle joints; there was marked exaggeration of the tendon reflexes, and on the left side ankle-clonus. These phenomena continued for a time, the left leg being the worse. Ankle-clonus was obtained later on right side, which, also, was somewhat more numb than the other.

February 3d, the facial paralysis had increased; although when laughing, the right angle of the mouth was still drawn up, at least as much as the left; but it was also noticed that there was frequent twitchings of the left angle of the mouth. These twitchings continued; and about the 20th it was noted that she

had also occasional twitchings in the left eyelids, and slight tremors in the left hand.

She had complained for a short time that her eyesight was not so clear as it had been; and March 1st this was again carefully tested. At that time the ocular paralyses remained; the fields of vision were as before; and the discs were quite clear, but now she was color-blind. She could not distinguish greens or reds, and confounded them with brown, and sometimes with grey. Bright yellow was called white. Bright blue and lilac were both called dark blue. She was sure also that her vision was in other respects worse than it had been.

March 30th, after she had been suffering for a day or two from much more intense pain than usual, she had for the first time complained of a feeling of pins and needles in right hand and arm, and of pain in right shoulder. The arm also became weak, and in the course of a week or two slightly flexed at the several joints, the fingers especially suffering; and she had more or less pain from the shoulder downwards. This paralytic affection of the arm was never complete.

April 15th the following note was taken: "Has not seen double since the 11th, and now the movements of the eyes appear to be perfect. Recognizes bright greens and blues, but calls red black, and yellow dirty white. There is still nystagmus when looking to the extreme left. Complains that left side of head is heavier than right." From this time forward there was no return of double vision; and her power of appreciating colors was slowly restored. Late in April the patient began to improve decidedly. Still suffered from intense headache, giddiness and nausea; but attacks were not so frequent, and intermissions occurred which became longer and longer. Appetite better, and she felt stronger.

She went for a month to a convalescent hospital; at the end of which she seemed quite well, and expressed herself as being able to resume her occupation. There were no discoverable signs of paralysis, and her appreciation of colors was entirely restored. I saw her some months later, and she remained well. I may add that there was still a little twitching about the left

angle of the mouth. I think it probable, however, that this was an old affair.

During the greater part of patient's illness temperature varied between 99 and 100 degrees; but occasionally it rose to between 101 and 102 degrees, and more frequently descended to normal. I cannot say that it improved materially as her condition improved in other respects. The treatment adopted was mainly the subcutaneous injection of morphia, repeated often two or three times a day, for the relief of headache; and the occasional use of leeches behind the ears (the application of which was usually followed by benefit), of blisters and of ice.

For the first week or two I prescribed 5 grains iodide potassium, 40 minims solution perchloride mercury, to be taken three times a day. Then this was replaced for a time by bromide potassium, in 20-grain doses. Then she was treated, for reasons not referred to in the above notes, at one time with stomachic mixture, at another time with some cough mixture. Iodide potassium and mercury were resumed on April 15th and continued until she left.

What was the matter with this patient? Had she a tumor of the brain? Many of her symptoms—her localized headache, giddiness nausea and rapid extension of symptoms—suggested this explanation. But the absence of optic neuritis and her final recovery seemed to negativet his view. Was her disease a functional one merely? I think a decided "no" may be answered to this question. There was no history of hysteria, and she was not at all emotional. Moreover, the character of the symptoms and their mode of development were not in accordance with one's experience of mere functional disorder. That her symptoms could not have been due to obstruction of arteries with consequent softening of some limited tract of brain-tissue or to hemorrhage is clear, from the fact that their development extended over three or four months. In many respects her case presented a close analogy to cases of ophythalmoplegia, presumably due to degenerative changes, or chronic inflammatory processes. In these we not infrequently observe headache, giddiness, sickness, and (besides the paralysis of the eye muscles) various other paralysis, anæsthesia of limited distribution and involvement of

one or more of the special senses, without optic neuritis. But these cases, so far as I know them, are of much slower progress than hers, and do not tend to recover. I do not see, however, why such cases should not occasionally improve or even recover; and on the whole, I lean to the opinion that, in this patient's case, the symptoms were really due to some subacute progressive inflammatory process, taking its origin somewhere about the floor of the fourth ventricle, and spreading thence in depth and surface. Her recovery under iodide potassium and mercury suggests a syphilitic origin to her symptoms. I never dared myself to ask her whether she had had this disease. She was a very healthy-looking woman; there was no lump or scar or stain about her body to suggest that she had ever had anything of the kind; and her demeanor was such as to disarm suspicion. Nevertheless the possibility of the affection being syphilitic cannot be altogether excluded from consideration.—*J. S. Brislowe, M. D., F. R. S., in Brrin, April.*

NERVOUS DISEASES.*

In June, 1885, my attention was called to a remedy manufactured by the Rio Chemical Co.—*Celerina*.

The first case in which I used it was a lady suffering from nervous exhaustion; she complained of constant fatigue and loss of energy. A few hours spent in any kind of exertion sent her to bed for a day. Her appetite was very poor, sleep disturbed and unrefreshing. On awakening in the morning she felt exceedingly tired and unable to rise without great effort—everything attempted was a task, almost impossible to accomplish. After eating, a feeling of discomfort, attended with drowsiness, came on, making life almost intolerable. After trying all the tonics and aids to digestion, I found no improvement. *Celerina* was prescribed, two teaspoonfuls after each meal in a wine-glass of sweetened water. After taking it for three days, she was very much improved—the tired feeling disappeared. She took plea-

*By B. F. Nicholls, M. D., Physician to the Department of the Digestive System, Howard Hospital, Philadelphia.

sure in her duties, and became interested in everything. Her appetite improved, no more drowsy feelings after eating; sleep sweet and refreshing. She took the medicine for two months and entirely recovered.

I have prescribed it in several similar cases, with uniform success, and have found no remedy which gives such rapid and permanent relief. In fact, I have not seen a single case of nervous exhaustion which did not readily yield to Celerina, if properly administered.

Another class, in which I have given Celerina with marked success, are those frequent and troublesome cases of spermatorrhea occurring in young men who have been addicted to masturbation, until all nerve power seems lost. Having had a considerable number of such I have found it difficult to break up the nightly emissions, as the following case will illustrate:

J. G., aged seventeen years, a book-keeper, had practiced masturbation since he was thirteen years of age, and gave it up, after a hard struggle, February 1885. After giving up the habit he was surprised to find that emissions took place once or twice every night. He applied to me, June 15th. I put him on ammonium bromide, thirty grains, at bedtime. For several nights he had no emissions, but, at the end of a week, the emissions returned as bad as ever. I then put him on strychnia one twenty-fourth of a grain, three times a day; continued bromide at night. This treatment was continued for three weeks, with very little improvement. Phosphate of iron was then added to the strychnia. At the end of a week there was no improvement. In despair, I prescribed Celerina—two teaspoonfuls after each meal, and two at bedtime. After taking this for one week, he only had two emissions, and improved rapidly; and, by the middle of September, the emissions had ceased entirely. Treatment was then discontinued. The patient has had no return of his troubles since. This case is one of several which were treated with Celerina, with same result.

I have treated some cases of professional men. One Dr. B., a physician, with a large practice, suffered from an attack of nervous dyspepsia. Eating brought on severe headache, nausea, and acute pain in the epigastrium. He complained of being al-

ways tired. When he came to me he said he had tried all the remedies for dyspepsia without any benefit. I put him on Celerina—two teaspoonfuls every four hours. Improvement began and progressed very nicely. He has now entirely recovered. Another case, a medical student, complained of constant fatigue. His brain felt tired, and he could not think. He said the lectures seemed to pass through his head as if it were a sieve. His sleep was disturbed and filled with horrible dreams. When he awoke his mind was confused, appetite poor, digestion bad; felt irritable and cross, and everything seemed draped in a dismal pall. When he came to me he had been taking, for some time, quinine, iron and strychnia, with no improvement. I prescribed Celerina—two teaspoonfuls three times a day. He is improving very fast, and I think he will soon be entirely restored.

From my experience with Celerina, I believe it to be a remedy that will meet the indications of all those cases where nervous prostration plays so important a part. I have used it in nervous headache, nervous dyspepsia, spermatorrhea, heart trouble, dependent on disordered nerve action, and many other troubles dependent on an exhaustion of nerve force. And it has given a satisfaction I have found in no other remedy.—*Medical Brief.*

HORSE BEEF IN PARIS.

A recent writer in a New York Journal gives the following very graphic account of the horse-meat business, as conducted in the city of Paris. He states that about a mile outside the fortifications, in the little old suburban village of Pantin, is located the abattoir, where the horses that are eaten in Paris are slaughtered, and judging from the fourscore horses on hand, one would think that everything in and about the city in the horse line that did not die suddenly while in harness, was sent there to be killed for food. Eating horse beef is about the only thing of which the better classes of French do not care to talk, and about the only thing among their many customs and peculiar institutions that they appear to be a little ashamed of, as they never speak of the "Abattoir des chevaux de Palimentation,"

the sign that is printed in large letters on the side of the red tile roof slaughter house of Pantin. From the answers received to many inquiries as to where this establishment was located, it appears that but few Parisians know anything about it, and, like all other disagreeable things, they probably think the less said about it the better. One thing is certain, that if many French people who occasionally eat the fillet of horses, and declare it to be delicious, were to visit the abattoir, they would never eat any more.

With now and then an exception, the horses killed are about alike, all "crips," blind, maimed, battered, and bruised, and scarred with a lifetime of hard service, with hoofs worn out, joints weakened, swollen, and out of shape from pulling heavy loads over slippery streets on smooth shoes. These faithful brutes are worked until they can no longer earn their daily rations, and then sent here, even if sick at the time, to remain a few days in the care of men who are bigger brutes than the creatures confided to their care,—to this horse hospital, asylum for the blind and aged, and fattening establishment all in one, finally to furnish food for the Lord only knows whom; and the less one thinks about it the better. The foreman told me they pay thirty francs apiece for such as the poorest in the stable, or that stood in the courtyard on the outside. A poor brute of this kind I followed from the end of the tramway, as they led him between two others to keep him from falling, for he reeled and staggered at every step. I asked the foreman what they were going to do with him. "Oh! he will be made up into 'Lorraine sausage.'" The price paid for what I judged to be an average one was sixty francs, and for the best, one hundred francs.

They slaughtered on an average about twenty-two per day, or eight thousand a year. The first we saw killed was the only decent one in the lot, a large Percheron stallion, not so old but that there were some dapples on his broad hips; he was, to all appearance, healthy and all right, except that one foot and pastern had rendered him useless—only a plug now—but his eyes were as clear and bright as at two years old, and he still carried his head as high as the proudest of thoroughbreds, as he unhesitatingly followed his butchers on to the floor where he

must die. One placed a leather blind before his eyes; another drew his long, thick, curly foretop back from his broad forehead, which showed much intelligence and strength; while a third stood before him, and with a short-handled ten-pound hammer, killed him with a swift overhand stroke, so sure that the high, royal head struck the floor before the body. Life was strong with him, and he died hard, but two or three more blows ended his struggles.

The next was not crippled, but blind, so old that he was white as snow; his ears bent forward as he hesitated in the, to him, eternal darkness; and not moving fast enough, willing hands with clubs from behind, forced him forward, stumbling into and across the drain against the slaughter-house door, where he stood trembling with fear and shivering with pain. One blow from the sledge put him beyond the reach of his tormentors.

A hole was cut in the skin on the inside of the thigh, the length of the steel that the butcher carried was run forward between the skin and the body, the nozzle of a bellows inserted, and after about five minutes of pumping, the skin was as tight as a drum. The skinning was necessarily slow, like skinning a hog or a beaver, as the hide sticks close. The whole legs and hoofs are left on the hind quarters, the fore legs are cut off at the knee, but, to prevent deception, one-half the head is left on each fore quarter.

When one of the butchers had divided the flesh on the back of the neck of the gray first mentioned, there appeared an abundance of fat; the fellow put his knife in his scabbard, jerked off his cap and held it between his knees, then parted the neck, inserted his head, and, with a twist and a rub up and down, his hair was oiled to perfection; then, after rubbing the oil well through his hair, he spat on his steel and knife before sharpening it, and proceeded with his work.

The wholesale price at the abattoir varies, with the condition of the meat, from four cents per pound up, and it is distributed about the city in wagons with "Viande de' Chevaline," the French for horse, printed on the sides, and is sold by the retail dealers for from twenty cents per pound for the fillet, down to six cents for the poorest parts, soup bones and the like.

VERATRUM IN TYPHOID FEVER.

Almost every practicing physician knows the great and never failing effects of the fl. ex. veratr. vir. in all acute inflammations, where there is a full and bounding pulse, flushed face, etc., with high temperature; also a great many physicians prize it highly in the treatment of certain forms of erysipelas, etc.

But I wish to speak of its effects in typhoid fever with a high temperature, a dry skin, sordes on teeth and a dry parched tongue, with pulse frequent and feeble. (Now I am aware that some one will say that something else would have succeeded better, and that the plan of treatment I shall here lay down, is not simply pure eclecticism; but I care not what is said if my treatment succeeds; it is when the treatment fails that criticism hurts.) In seven cases treated I used the fl. ex. veratrum vir. in sufficiently large doses to hold the temperature down to 103 degrees, beginning its use as soon as the fever reached that point, and continued its use until the temperature in the morning came down to 98½ degrees, let that be two, three or even five weeks, giving it as follows: R. fl. ex. veratr. vir., fl. 3iij; simple syr. squill, fl 3vj. M. S. Begin with nine drops every three hours, and increase one drop every dose until the fever is controlled and held below 104 degrees. I have administered as high as twenty-one and twenty-two drops every three hours for a whole day and night. As soon as the least moisture appears on the skin, or the temperature starts down, I decrease the dose of veratrum at the rate of three drops at a dose. Of course I leave a thermometer at the house, and have the temperature taken before each dose while giving the large doses.

Alternated with the above, I always give five to seven drops of turpentine (the oil) in mucilage of acacia every three hours. Also, a flannel cloth wrung out of a mixture of spts. turpentine and mutton lard, equal parts, is kept constantly on the bowels until the skin becomes reddened. Then this is left off a few days, and reapplied if tympanitis continues.

Nourishment.—Sweet milk, alone, generally is given just before or just after the turpentine emulsion, every three hours, with as much regularity as the veratrum, and as much as the patient will take, too—the more the better.

Never let a typhoid patient remain in one position too long, but have him turned—not turn himself—from one side to the other every three hours. This last refers only to patients who linger, and by lying too long on one side or the back causes congestion of the lungs.

In a practice of nearly five years in this county (Franklin), I have treated twenty-three cases of typhoid fever, with a loss of only one case—treated with quinine—and the plan above indicated is the one that has given the best results. Fever usually begins to decline about the fifteenth, or anyhow the twenty-first, day. In the above plan I never have been troubled with hemorrhage, strangury—as in cases where blisters were used—and very little trouble has arisen from diarrhoea. Patients sleep well generally, and make a rapid recovery.

One case treated as above indicated—except the local application—was a lady five and a half months pregnant, as she then declared, and as was after proven to be so by the birth of a fine rolb. boy at the time designated by the mother, whose fever on the morning of the sixteenth day was one full degree lower than the previous morning, and continued to decline at that rate until clear of fever, when recovery followed.

This is now the treatment that I pursue. Under it the weak pulse becomes strong, slow, and soft; the dry rough skin becomes soft and pliant; in fact is all that could be desired; but understand, I am not an enthusiast, and should this treatment fail I would not hesitate to try another. There are other conditions for which I use veratrum, of which I may say something sometime in the near future; provided, however, that this escapes the editor's waste basket.—*M. M. Hamlin, M. D., in American Medical Journal.*

A VICTIM OF THE SO-CALLED "REGULARS" QUININE PAD VS. QUININE OINTMENT.

About the 20th of August, 1885, Mr. D. called at my office, stating that he was hunting for some one who could break the chills, and if I thought I could break them he wanted me to go home with him. I told him I thought I could. On the way I

learned the following history of the case: A child of Mr. D.'s, aged about six months, had taken intermittent fever near the first of the month. Dr. C., a young regular living near, was called in. He stated that it was impossible to tell "just what was the matter with a baby," and prescribed hydrag. chlor. mit. and quinine. This treatment was kept up for one week, and during the time the child had taken fifteen doses of calomel, vomiting everything else in the form of medicine, and was growing worse every day.

Dr. L. (the boss), *very* "regular," was called in to take the case. After examining the case, he confirmed Dr. C.'s diagnosis: "It's a fact a body can't tell just what is the matter with a baby," but believed it was mostly "chills." Prescribed hydrag. chlor. mit. and quinine. This treatment was kept up for a week longer, during which time the child had taken ten doses of calomel. He prepared a strong ointment of quinine, and applied it to the whole surface of the body, and as a last resort gave the mother large doses of quinine. His patient grew worse continually, and paroxysms, which had been occurring every other day, came on every day and became congestive.

The friends became disgusted with the treatment and concluded to change doctors. I was then called upon, and found the babe in the following condition: Had had hard chill two hours before I saw it; pulse small and very rapid; temperature high; spleen greatly enlarged on account of venous engorgement; skin of a dusky appearance; a white coat on tongue. I showed the parents the enlarged spleen, and how the babe screamed when pressure was made upon it. They decided that something could be told about a sick child. I prescribed as follows:

R. Tr. veratrum vir., gtt. x;
Tr. pulsatilla, gtt. xv;
Tr. Belladonna, gtt. v;
Water, ℥iij.

M. S. Teaspoonful doses every two hours.

R. Sulphite soda, one grain doses every three hours.

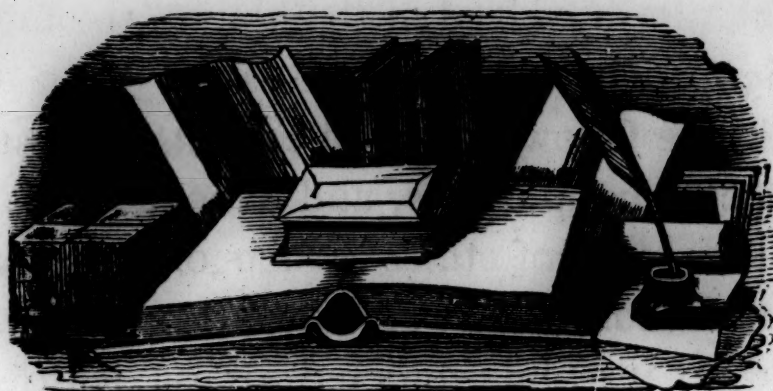
R. Quinine, 3ij;
G. camphor, grs. xv.

M. S. Make pad two by five inches, grease one side, apply over spleen.

Had light fever next day. On 11th day the pad was taken off, sedative all gone. Took hard chill on 12th day; renewed sedative, and had no more chills. I think the quinine pad far superior to the quinine ointment so often used.

I report this to show how our self-styled "regular" brethren sometimes punish their patients with so simple a disease as intermittent fever.—*F. W. Owen, M. D., in American Medical Journal.*





EDITORIAL.

A Reinforcement.—The reader will notice that this number of the JOURNAL bears a new name on its title page as assistant editor. The increasing professional patronage of the senior editor, added to the duties devolving upon him as a lecturer, rendered it imperative that some of the responsibilities of editorship be lifted from his shoulders.

Dr. H. B. Mehrman, the new addition to the editorial department, is a graduate of the California Medical College, and in entire sympathy with the fortunes of the JOURNAL and our College, and we feel that the work before us will be lightened and our efforts enhanced by his assistance.

He will have charge of the advertising and mailing departments and will read the proof of the department styled "Selections." Editorial articles from his pen will bear the initial "M."

Dr. Cornwall will still contribute to the editorial columns over the initial "C."

As time progresses, we are pleased to believe that true eclecticism is gaining strength on this coast. The perpetuation of a clique for the protection of medical adventurers and diploma buyers is not our mission. We live to advocate a true catholic spirit in medicine. We deny the right of superiority to those who profess a higher claim to excellence, on the ground of regularity, and denounce their claims as a hollow sham unworthy an American people. We also are opposed to the existence of quackery—pretending ignoramuses, who possess not even the foundation of a medical education.

Our platform comprises a proper respect for the opinions of all medical men who have arrived at them upon the foundation of a thorough medical education.

We believe in the fellowship of all educated physicians, as the proper path of medical progress, and denounce as peurile and contemptible the code of ethics which offers a barrier to this perfect freedom. Moreover, we believe the dignity of the profession demands that it be protected, or, at least, classified by legal enactment as separate from advertising frauds whose shams tend to degrade a noble calling.

Bronchitis.—At the present time there is quite a prevalence of bronchitis in this section, the inflammatory condition extending, in some cases, to the parenchyma of the lungs, and giving us broncho-pneumonia. In many cases, this has proven very severe, and statistics show a large mortality of the cases affected.

In a majority of cases, this will be found to be the result of irrational medication—of an attempt to suppress unpleasant symptoms instead of directing means to the seat of the disease. Opiates may lull a cough, but they will soon arrest secretion and excretion, impair reparative forces and interfere with function generally, thus lessening the ability of the system to repair the breach. Let the cough be relieved by something besides a narcotic, and this will at the same time lessen the amount of local irritation and improve the plastic force of the parts affected.

Taking the respiratory apparatus from above downward, we have the nares, the larynx, the trachea, the bronchia, the bronchioles and the air-cells. Given, an irritation in any of these parts, and it gives rise to cough, and this, in time, gives rise to hyperæmia of the lung substance.

We believe in the tissue affinity of drugs. That is, we believe that every tissue of the body may be selective of one or more drugs which, if the proper one be administered, will gravitate to a diseased part, and tend to restore it by stimulating or promoting normal action. We know, from actual observation, that one drug will not act upon all parts of the respiratory tract in a like manner, and feel that he who treats pulmonary diseases suc-

cessfully must have an acquaintance with quite a group of remedies, which we might term the "pulmonary group."

A cough, arising from irritation of the nares, will refer us to bichromate of potassium, or the sulphate of atropia, in minute doses, as the remedies to allay the irritation. These, combined with the properly selective sedative, will afford very positive results in recent cases.

Passing to the larynx, we find the irritation controlled by bichromate of potassium in one hundredth grain doses, or the thousandth grain doses of the nitrate of sanguinarina, or arum triphyllum, or sticta pulmonaria, ascepias, spongia, aconite, or yerba santa, or these remedies may be used in alternation. The potassium bichromate has quite a range of action, which will be found to extend the entire length of the trachea and large bronchi. This may also be said of the nitrate of sanguinarina.

Where the irritation predominates in the bronchioles, we find lobelia, ipecac, grindelia, or tartar emetic to afford the best results.

In asthenic inflammation of the smaller bronchi with moist crepitus the tartar emetic is the remedy par excellence, though small doses of ipecac or lobelia rival it. In either case let the dose be very small where the moist crepitus is present, or the action will be too pronounced, and the very condition, sought to be removed, aggravated.

Where the parenchyma of the lungs is involved we can do little better than rely on the asclepias tuberosa, though tendency to gangrenous states with expectoration of prune juice sputa might call for the addition of baptisia.

Typhoid tendencies should be controlled by the proper antizymotic, and complications, calling for general measures, observed, as in any other form of disease.

All pyrexial conditions are benefited by the sedatives even if they be symptomatic fevers, therefore the febrile condition attending acute (or chronic) pulmonary affections should be modified by aconite, gelseminum, veratrum or belladonna, as circumstances indicate. Antiperiodics should not be omitted if clearly indicated. The best local application in acute pulmonary affections is the wet jacket of a temperature to suit the pa-

tient. A delicate asthenic patient should not be shocked by the application of very cold water, while, when the person is robust, full of reactive power, it will be just the thing. Let a jacket of several thicknesses of muslin be made to extend as low as the waist, or it may be padded with raw cotton. After this is wrung out of water of the proper temperature, an outer jacket of oiled silk should be applied to protect the bedding from dampness. The air in the sick-room should be kept of an even temperature, ranging from sixty to seventy degrees. Avoid cathartics in *lung* affections especially. Let the patient be well nourished with non-stimulating food, and let him avoid drinking much water, as this aggravates the cough.

In some cases of broncho-pneumonia, the following combination will produce excellent results:

R Fl. ext. asclepias $\mathfrak{z}\text{iv}$;
Fl. ext. yerba santa $\mathfrak{z}\text{i}$;
Ad. simple syrup, q. s. $\mathfrak{z}\text{iv}$

S. Take a teaspoonful every three hours.

The myosotis symphitifolia is another remedy not to be forgotten. Indeed, we consider this one of the most reliable for the severe cases on this Coast, especially if there be excessive secretion in the small bronchial tubes and air cells. We employ a dram of the first decimal dilution in four ounces of water, giving a teaspoonful every one or two hours. Where the cough is persistent, after febrile symptoms have been controlled, this can be relied upon.

A Prophet Outside His Own Country.—Our California readers who are, the most of them, acquainted with the style of the San Francisco *News Letter*, and its manner of representing the truth, will not be particularly perturbed by the following extract from that sheet. A publication that is generally conceded by those who know it well to be a black-mailing concern and one that has little regard for truth or justice, and one that with the impudence of the devil concerns itself with affairs about which its ideas are as vague as those of a pig about heaven, would, naturally, among its own neighbors, not have much force.

But the *Medical Record* has dropped on one of the issues, and that one contains a wholesale onslaught on the medical colleges of this Coast. Evidently the *Record* is not acquainted with the reputation of the *News Letter*, or it would not be found with such a quotation in its columns. We reproduce it below. The *Record* heads it. "The Shady Side of Medical Education in California:"

A "Medical Graduate" writes to a contemporary complaining of an article which recently appeared in the *News Letter* in regard to the method of manufacturing medicos which prevails in this State. We pointed out that there were "five so-called medical colleges in San Francisco and Oakland that we knew of, besides others that work in the dark that we were not acquainted with that sell diplomas for coin." It was a monstrous system of quack manufacturing, which the *News Letter* hammered away at for two years before it could get the righteousness of its criticisms admitted. We insisted that students should evidence, by a matriculation examination, that they possessed sufficient scholastic education to read the language of medical science understandingly. We furthermore pointed out that the period of study should be at least doubled. Four years is the least time in which a medical student can be expected to attain to even mediocrity in the knowledge of his profession. California lacks hospital facilities necessary to the thorough education of skillful physicians; it also lacks experienced teachers with spare time to enable them to do full justice to their classes. A California medical diploma is not at present an evidence of professional attainments that inspires confidence in the public, or causes its holder to feel proud of its possession. We regret to say these things, but it is our respect for the noble art of healing which makes us say them. We regard the medical profession as the grandest on earth, and it is our sincere desire to exalt it which impels us to protest against local methods of manufacturing quacks.

Our comment on the above will be brief. We know nothing of the *News Letter*, except from reputation and the fact that it has unjustly assaulted our College a number of times. But we do know that the assertion that the Medical College in Oakland sells diplomas for coin is a lie from beginning to end, and an unwarranted lie.

The assertion that California lacks facilities for educating its medical practitioners is a misrepresentation, and, in considera-

tion of the fact that some of our diseases are peculiar to this climate, that remedies here do not always produce the same effect, as in the Eastern States, the proposition of the *News Letter* to do away with medical colleges here shows a total lack of judgment on such a subject.

The truth of the matter is, the standard of medical education is higher on this coast than in any other part of the United States, for no college here requires less than three years attendance, while such requirements are the exception in the East.

Why does not the ass-tute editor of the *News Letter* take steps to suppress the charters of medical colleges on this coast instead of croaking over its own suspicions?

We reproduce the quotation referred to:

According to a more recent quotation in the *Record*, many Eastern colleges are in the same boat with the *News Letter's* California Medical Colleges, and, we suppose, after such an admission, the *Record* will be more mild in its strictures on "The Eclectics."

WHAT THE PROFESSION NEEDS.—"A full one-half of the young men, who come to Philadelphia to study medicine, should be turned face about and sent to a village school. The place to intercept incompetents is at the entrance of the medical schools, rather than at their exit."—*Dr. J. E. Garretson*. "The profession is now thoroughly awakened to the necessity of arresting the course of the schools that are annually sending forth thousands of improper persons to practice on the community. * * * The diploma of schools should be beyond suspicion. The signatures should do more than convey the mere intelligence that the holder of a certain certificate has paid his money for two courses of lectures, and thirty dollars for the engrossed parchment attesting the same. It does little more just now.—*New England Medical Monthly*.

This application evidently cannot be made to irregulars alone, as they do not send out "thousands annually."

Daucus Carota.—The common carrot has been employed in past time as a poultice in painful local inflammatory states, to relieve pain and hasten suppuration. While a great favorite with some of our older eclectics, it is doubtful that it possesses any special virtue above that of other cataplasms. The seeds of the wild carrot possess properties calculated to relieve irritable conditions of the urinary tract, and also possess carminative prop-

erties, but these characters are so feeble that the remedy has but little reputation.

A friend who is interested in medicine, but who is not a physician, has been in former time the subject of severe asthmatic attacks, for the relief of which he has visited foreign lands and tried various plans of treatment, and is now tolerably free from any difficulty of the kind, but has been troubled with much precordial oppression after eating, for several years. He informs us that for the last few months this has been entirely absent. The relief he ascribes to the regimen advised by an acquaintance, which consists of eating, about half an hour before each meal, a portion of boiled carrots moderately seasoned with salt.

The Doctor's Cruel Luck.—It is, apparently, a universal belief, at least upon this Coast, that a physician can live upon love. This idea, in the minds of the people, may be due to the effects of some inert substance contained in our glorious climate. If such be the case, we can congratulate practitioners, elsewhere located, where the climes are not so invigorating as our own, and would request of them to give us just the least particle of sympathy. It will tend to make our souls rest in peace. It would urge us on to live in hope, even though we are destined to die in poverty. We mean by this that so many people will call in a physician, often in the dead of night, be the weather ever so inclement; make him drive a horse to death in getting to the bed side of the patient which is, perhaps, ten miles distant. After his services are no longer required the patient will soothingly inform him that "The Lord will see that you get paid, doctor." We never could understand how it was that the "Lord" always forgot us. Likewise the patient, whom we had, perhaps, saved from traveling the "narrow and rocky path to Dublin." We have at last discovered why the former has ignored us. Somewhere in the Bible is a passage wherein the Lord sayeth to man, "Pay thy doctor well, so that when thou needest him again he will come," or words to that effect. We are not an authority on Bible quoting. We can not conceive why the Medical Congress does not establish some means to protect the

profession in this matter. It is certainly a known fact that a physician devotes a lifetime to the study of his profession, besides dollars and cents. Is this not enough? Must he also permit his health to perish in his endeavors to alleviate the sick and infirm; his family to suffer, whilst he ministers to those of other men, without any recompense, whatever? We hope that, in the near future, it will come to pass that a law shall be enacted, compelling the people to pay their doctor for his services.

M.

Salix Nigra as a Sexual Sedative.—Nearly twenty years ago, while pursuing the study of medicine, we read in some of the old eclectic works on materia medica that the aments of the salix nigra were anaphrodisiac in their properties. We have employed the tincture and an infusion of them repeatedly in spermatorrhœa and other conditions demanding an agent of the kind for years with satisfaction. But history repeats itself. A physician in Texas (regular) has recently discovered the valuable properties of this agent, and furnishes a report in the Transactions of the State Medical Society, with clinical cases illustrating its value. He designates the article *A New Sexual Sedative*. It is simply a repetition of other instances where others have been supplanted by the discoveries of antediluvian medicine.

Fabiana Imbricata—Pichi.—This remedy comes from Chile with a great reputation as a remedy for the treatment of urinary diseases. It has even been believed to have cured renal and vesical calculi; however we will swallow no more of this than our gullability prompts. Doubtless, its virtues, like those of most other new remedies, have been exaggerated, but as some of our drug houses are manifesting a laudable enterprise in placing new preparations on the market, eclectics, of all others in the world, are the ones to lead the van in deciding as to their actual merits.

The firm of Parke, Davis & Co. already have this agent on hand, the drug having been shipped directly from its place of nativity.

Cystitis is a disease that still baffles our skill, elaterium and intervesical injections of various agents having failed in many instances. Give the pichi a trial and report.

Lct Justice Prevail.—Mr. Lowry recently introduced into the House of Representatives the following resolution, looking to the abolition of the practice of discriminating against physicians not of the regular stripe, who have presented themselves for examination for governmental positions. The resolution, though tardy, is simple justice, yet liberal physicians can afford to keep the memory of Mr. Lowry green, even if the resolution fails to pass the houses of Congress:

Resolved, By the Senate and House of Representatives of the United States of America in Congress assembled; that it shall be a fine of five hundred dollars and dismissal from office, for any officer of the United States Government, civil, military or naval to make discrimination in favor of or against any school of medical practice, or its legal diplomas, or its duly and legally graduated members, in the examination and appointment of candidates for medical service in any of the departments of the Government. Section 2. That all such examinations shall be open to the attendance and witness of all physicians, citizens of the United States; and that duly certified copies of the complete records of all the details of said examinations shall be placed on file in the office of the Librarian of Congress, subject to the inspection and use of members of Congress."

The Metastases of Parotitis.—Dr. Gallup calls attention in the Massachusetts Medical Journal to the value of an infusion of the common grape vine (*vitis vinifera*) in the metastasis which follows mumps. His cases cited tend to convince the reader of the positive value of the agent in the condition named. We have very good means of managing such cases, but we believe nothing so specially reliable as this seems to be, if the statements made are corroborated. Try and report.

MISCELLANEOUS PARAGRAPHS.

Parke, Davis & Co. have favored us with a tasty New Year's card.

Mrs. Hagenow, of San Jose, has been found guilty of practicing medicine without a license.

We see that Prof. O. S. Fowler was arrested in Buffalo, and held to await the action of the Grand Jury, on a charge of practicing medicine illegally.

HER HEART WOULD BREAK—An elderly lady came into our office the other day, and, taking a seat, she clasped both hands upon her right inguinal region and exclaimed: "Oh, doctor! My heart will break, I know it will."

By reference to the old advertising page of Thorp & Lloyd, it will be noticed that the firm has been changed to Lloyd Bros., Mr. Thorp having retired from the firm. The reliability of the products of this house is well-known.

Dr. Wm. B. Carpenter, the well-known author on physiology, died a few weeks ago. It is said that death was caused by burns received by the upsetting of a lamp, while he was taking an alcoholic vapor bath for the relief of rheumatism.

Dr. D. H. Rand, a son of City Prison-keeper Rand, is now surgeon of the Portland General Hospital Company. He was raised in Oakland, and went to Portland a few years ago. Dr. Rand is a graduate of the California Medical College.

The Indian *Medical Gazette* contains a communication from Dr. Cotter, in which he extols the painting of the tongue with glycerine in fevers, where the organ is dry. It promotes moisture and removes the sensation of thirst and nausea so often attendant upon that condition.

Buzzle's Union Medical Journal is the name of a lively little publication edited and published by J. M. Buzzle, M. D. Portland, Maine. The first number is before us, and evinces ability on the part of the editor. It is to be issued monthly and to be conducted as a popular health journal. We wish it success.

SHE DIDN'T LIKE IT.—A lady in Wilkesbarre, Pennsylvania, when she discovered that her daughter was being taught physiology and hygiene, addressed the following note to her teacher: "Dear Miss K——: I don't want my daughter to be taught about her insides; it isn't right, and I don't like it."—*American Medical Journal*.

The Jerome Kidder Battery still stands at the head of faradic machines in facility of operation and durability of current. Another gold medal has just been awarded this machine by the American Institute of New York. Dr. Beard, of Texas, is still using one of these machines, which he has had in use for the past sixteen years.

ONION TEA.—A lady friend of mine possesses twin boys who delighted in squalling both night and day. She had fed them different forms of opium until she became frightened at its effect upon them and applied to an old German nurse for a harmless remedy. The nurse prescribed onion tea, and the mother found

upon using it that it produced a very quiet, soothing effect upon the children and without any deleterious effect as far as can be discovered. Is it not possible that there might be made from onions a valuable, harmless remedy to be used in the place of opium and other narcotics?—*F. Vernet, M. D. Physio-Medical Journal.*

We have received a number of books within the last few weeks which will be noticed in the March number of the JOURNAL. The works received and not already noticed are Roberts Practice of Medicine, published by Blakinston, Son & Co., Philadelphia. Venereal Memoranda, published by Wood & Co., New York. Cutaneous Memoranda, by the same firm. Essentials of Vaccination, by J. H. Chambers & Co., St. Louis. Lectures on Syphilis by A. M. Wood & Co., Chicago, and Vicks Floral Guide by James Vick, Rochester N. Y.

VACCINATION FOR WHOOPING COUGH.—The old procedure of inserting vaccine virus in the arms of children affected with pertussis for the double purpose of protecting from variola and checking the course of the pertussis is being revived and much discussed at the present time. To completely arrest the whooping cough the virus should be introduced about the end of the second week of the disease—awaiting until the febrile stage has passed. The new disease set up by the vaccinating supersedes and annihilates the pertussis and upon its subsidence leaves the child perfectly free of disease.

JEQUIRITY IN GRANULAR LIDS.—Dr. Peounoff, having used jequirity in twenty cases of granular lids, varying among one-another in character, has come to the conclusion that it is especially useful in a cicatricial condition of the granulations, when this is complicated with corneal disease. In these cases, he says, jequirity cures much better, and much more rapidly than the usual remedies, nitrate of silver, sulphate of copper, etc. It is also valuable in mild cases of follicular trachoma, with ingrowing eyelashes. The best method in all cases is to use a one or two per cent. solution of the powdered seeds of jequirity daily.—*Medical Age.*

THE ACTION OF NITRO-GLYCERINE IN NEPHRITIS.—Dr. Burginsky formulates the following conclusions from a series of investigations which he made concerning the treatment especially of parenchymatous nephritis (Brach, No 21, 1885). 1. Nitro-glycerine in small doses reduces the amount of albumen in the urine. 2. It increases the total amount of the urine secreted and this effect is observed for some time after the administration of

the drug has been discontinued. 3. The amount of the albumen is still further reduced when the drug is given in gradually increasing doses. 4. Nitro-glycerine appears to have no influence upon the specific gravity of the urine, nor upon the weight of the individual. 5. The only unpleasant effect of the drug, when given in Bright's disease, is a slight and transitory headache, observed sometimes at the commencement of the treatment.—*Medical Record*.

We note in one of our contemporaries the following: The professor of anatomy in one of the Southern States asked a student as to what bones the spinal column articulated with? The student replied, "All the bones as far down as the cocyx, and, in some cases with that bone also." We would simply add that we sympathize with the professor; but the student we could not vouch for, if he ever took it into his cranium to locate in our neck of the woods.

Some men are natural jokers, and cannot resist the temptation even in the jaws of death. Curran's physician remarked to him, when he was on his deathbed that he seemed to cough with more difficulty. "That is surprising," retured the wit, "as I have been practicing all night." A local celebrity, when on his death bed, in this city, was informed that it had been decided to tap him for acites from which he suffered. "Then it is all over with me," he replied. "Nothing ever lasted long in this house after being tapped."—*Medical Age*.

PEROXIDE OF HYDROGEN IN SUPPURATING EARS.—Dr. Wm. A. Dayton says: "A spray of a four per cent. solution of the peroxide has had an almost magical effect in a case of ozena, complicated with a 'proliferous' catarrh of the middle ear. Strong solution induced local anæsthesia, often in a marked degree; besides I have noticed that cocaine acted more promptly after the mucous membrane had been cleansed with the peroxide. If cleanliness is the desideratum in middle ear suppuration then we have a servant *par exeellence* in the peroxide of hydrogen."—*Archives of Otology*.

The undersigned is agent for all forms of faradic and galvanic batteries, and is also prepared to furnish all electrical supplies, including zinc and carbon plates, needed for physicians' use. Inquiries, orders and all other communications pertaining to the subject, will receive prompt response upon application to

H. T. WEBSTER, M. D., Oakland, Cal.

The Board of Examiners of the Eclectic Medical Society of California will meet throughout the year regularly, at 4 o'clock, P. M., on the second Thursday of each month, at the office of Dr. Gere, Secretary, 120 Post Street, San Francisco.